

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
4321

2 Total pages this report:
1/9

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Dr. Eugene
NICKNAME LAST SUFFIX
Finke

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
701 La Cruz Drive
El Paso TX 79902

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
David
NICKNAME LAST SUFFIX
Marcus

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS

(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
6090 Surety Drive
Suite 100
El Paso TX 79905

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
() -

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer
appointment (officeholder only)
☐ July 15 ☒ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
04/01/2003 04/23/2003

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
05/03/2003
☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)
Other -- City Council 1

13 DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval.
Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME
Dr. Eugene Finke

15 ACCOUNT # (Ethics Commission filers)
4321

**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ **GENERAL**

COMMITTEE ADDRESS

☐ **SPECIFIC**

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

**17 NO REPORTABLE
ACTIVITY**

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 50.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 9775.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 62.54

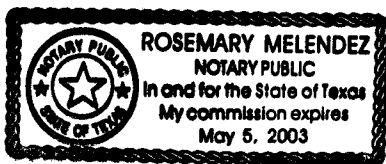
4. TOTAL POLITICAL EXPENDITURES \$ 7451.96

**OUTSTANDING
LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Eugene I. Finke
Signature of Candidate or Officeholder

Rosemary Melendez

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
3/9

2 FILER NAME
Dr. Eugene Finke

3 ACCOUNT # (Ethics Commission filers)
4321

4 Date
04/22/2003

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Elsy Bush
6 Contributor address; City; State; Zip Code
5768 Kingsfield
El Paso TX 79912

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)**10** Employer (Optional)
Date
04/21/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
J.A. Cardwell
Contributor address; City; State; Zip Code
PO Box 26808
El Paso TX 79926

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
04/09/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
John Carson
Contributor address; City; State; Zip Code
5640 Montana
Suite D
El Paso TX 79925

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
04/14/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
Roy Chapman
Contributor address; City; State; Zip Code
1711 N. Kansas
El Paso TX 79902

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
04/09/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
Carl Daniel Jr.
Contributor address; City; State; Zip Code
6461 Via Aventura
El Paso TX 79912

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Dr. Eugene Finke

3 ACCOUNT # (Ethics Commission filers)
4321

4 Date
04/17/2003

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
James Edge

6 Contributor address; City; State; Zip Code
444 Executive Center Blvd
El Paso TX 79902

7 Amount of contribution (\$)
350.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date
04/08/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
El Paso Police Officer's Association

Contributor address; City; State; Zip Code
747 E. San Antonio
Suite 103
El Paso TX 79901

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
04/03/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
El Paso Sheriff's Officers Assoc.

Contributor address; City; State; Zip Code
747 E. San Antonio
El Paso TX 79901

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
04/03/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
Bruce Gulbas

Contributor address; City; State; Zip Code
5006 Montoya
El Paso TX 79922

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
04/09/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
Jobe PAC

Contributor address; City; State; Zip Code
#1 McKelligon Canyon Rd
El Paso TX 79930

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:

5/9

2 FILER NAME

Dr. Eugene Finke

3 ACCOUNT # (Ethics Commission filers)

4321

4 Date

04/07/2003

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
James Jones

6 Contributor address; City; State; Zip Code
516 Queretaro Dr.

El Paso TX 79912

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

04/08/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
Deborah Kastrin

Contributor address; City; State; Zip Code
3940 Flamingo

El Paso TX 79902

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/21/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
Charles Mansour

Contributor address; City; State; Zip Code
1207 N. Brown

El Paso TX 79902

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/14/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
Deane Miller

Contributor address; City; State; Zip Code
1 Silent Crest

El Paso TX 79902

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/08/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
S.A. Safi

Contributor address; City; State; Zip Code
755 Fairway

EL Paso TX 79922

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A 1**
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
6/9**2** FILER NAME
Dr. Eugene Finke**3** ACCOUNT # (Ethics Commission filers)
4321**4** Date
04/04/2003**5** Full name of contributor ☐ out-of-state PAC(ID# _____)
Dr. Haroutioun Shahinian**7** Amount of
contribution (\$)

75.00

8 In-kind contribution
description (if applicable)**6** Contributor address; City; State; Zip Code
1700 N. Oregon
Suite 520
El Paso TX 79902**9** Principal occupation (Optional)**10** Employer (Optional)

Date

04/04/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
Robert WittnebelAmount of
contribution (\$)

200.00

In-kind contribution
description (if applicable)Contributor address; City; State; Zip Code
300 Shadow Mtn
#904
El Paso TX 79912

Principal occupation (Optional)

Employer (Optional)

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
7/9**2** FILER NAME
Dr. Eugene Finke**3** ACCOUNT # (Ethics Commission filers)
4321**4** Date
04/07/2003**5** Payee name
Bench Ads of El Paso**7** Amount
(\$)
204.00**6** Payee address; City; State; Zip Code
6006 N. Mesa
El Paso TX 79912**8** Purpose of expenditure (See instructions regarding type of information required.)
Advertising**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
04/09/2003Payee name
Bills PrintingAmount
(\$)
983.42Payee address; City; State; Zip Code
126 Shadow Mtn Drive
El Paso TX 79912Purpose of expenditure (See instructions regarding type of information required.)
PrintingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
04/18/2003Payee name
Davids Pennants and BannersAmount
(\$)
568.31Payee address; City; State; Zip Code
TXPurpose of expenditure (See instructions regarding type of information required.)
Campaign SignsComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
04/09/2003Payee name
El Paso IncAmount
(\$)
275.00Payee address; City; State; Zip Code
120 Porfirio Diaz
El Paso TX 79902Purpose of expenditure (See instructions regarding type of information required.)
AdvertisingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
8/9**2** FILER NAME
Dr. Eugene Finke**3** ACCOUNT # (Ethics Commission filers)
4321**4** Date
04/16/2003**5** Payee name

El Paso Inc

7 Amount
(\$)
550.00**6** Payee address; City; State; Zip Code

120 Porfirio Diaz

El Paso TX 79902

8 Purpose of expenditure (See instructions regarding type of information required.)
Advertising**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

04/14/2003

Payee name

H & H Mailing

Amount
(\$)
694.15

Payee address; City; State; Zip Code

9020 Mayflower

El Paso TX 79925

Purpose of expenditure (See instructions regarding type of information required.)
Postage and MailingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

04/10/2003

Payee name

Labor Ready

Amount
(\$)
600.00

Payee address; City; State; Zip Code

PO Box 676412

Dallas TX 75267

Purpose of expenditure (See instructions regarding type of information required.)
Campaign laborComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

04/23/2003

Payee name

Scorpion Sales

Amount
(\$)
80.50

Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
9/9**2 FILER NAME**

Dr. Eugene Finke

3 ACCOUNT # (Ethics Commission filers)
4321**4 Date**

04/14/2003

5 Payee name

Target Marketing

7

Amount

(\$)

1015.00

6 Payee address; City; State; Zip Code

17748 Sky Park Circle

Irvine CA 92614

8 Purpose of expenditure (See instructions regarding type of information required.)

Marketing Expense

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/14/2003

Payee name

US Postmaster

Amount

(\$)

2419.04

Payee address; City; State; Zip Code

El Paso TX 79999

Purpose of expenditure (See instructions regarding type of information required.)

Postage

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held